Arizona Medical Board

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DRAFT MINUTES FOR TELECONFERENCE OF SUBCOMMITTEE ON PHYSICIAN ASSISTANT SUPERVISION Held at 12:00 p.m. on Wednesday, January 24, 2007 9545 E. Doubletree Ranch Road · Scottsdale, Arizona

Subcommittee Members
Robert P. Goldfarb, M.D., F.A.C.S., Chair
Ram R. Krishna, M.D.
Patrick N. Connell, M.D.
Becky Jordan
Paul M. Petelin, Sr., M.D.

CALL TO ORDER
The meeting was called to order at 12:09 p.m.

ROLL CALL
The following Subcommittee Members were present: Robert P. Goldfarb, M.D., Ram R. Krishna, M.D., Becky Jordan and Paul M. Petelin, Sr., M.D. The following Subcommittee Member was not present: Patrick N. Connell, M.D.

CALL TO PUBLIC
There were no statements made during the call to the public.

NON-TIME SPECIFIC ITEMS

I. Approval of Minutes

MOTION: Ram R. Krishna, M.D. moved to approve the January 11, 2007 Meeting Minutes.
SECONDED: Becky Jordan
VOTE: 3-yay, 0-nay, 0-abstain, 0-recuse, 2-absent
MOTION PASSED.

II. Physician Assistant Supervision Discussion
Robert P. Goldfarb, M.D. narrowed the discussion of physician assistant supervision to three areas: supervision for remote and very remote locations, supervision in urgent/emergent care settings and supervision of physician assistants in physician's offices.

Remote and Very Remote Offices:
Dr. Goldfarb asked the Subcommittee to define guidelines for supervision in remote areas as it may be difficult for supervising physicians to make weekly trips to see their physician assistants (PAs) for face to face meetings as required by statute. He reminded the Subcommittee that at their last meeting they agreed PAs practicing in these remote areas should fax patient records to their supervising physicians as part of their weekly meetings. Ram R. Krishna, M.D. recommended that if a PA had seen a patient three times in a row, the medical records of that patient be faxed to the supervising physician. He also stated that a remote location was not one in which the supervising physician practiced in an office down the street from the physician assistant.

Paul M. Petelin, Sr., M.D. asked the Subcommittee to formulate a definition of remote area and how it relates to a supervising physician's lack of availability. Dr. Goldfarb asked Staff to gather information on PAs who practice on their own with their supervisors at a geographically remote location and the relationship between the supervising physician and the PA and patient to help the Subcommittee formulate a definition. Dr. Goldfarb said that, while the Subcommittee could not define at what remote locations PAs could practice they could define a category that would constitute a remote area.

Dr. Goldfarb asked the Subcommittee how often PAs should fax patient records to their supervising physicians. Dr. Petelin opined that, in conjunction with weekly face-to-face meetings, PAs should fax information concerning difficult or new patients and supplement the faxed records with telephonic communication. He felt the number of patient cases faxed to the supervising physician could be determined at the

discretion of the supervising physician depending on the number of patients seen in the PA's office. Dr. Krishna felt that records should be faxed after the PA has seen a patient three times.

Emergency Department and Urgent Care Setting:
Dr. Goldfarb informed the Subcommittee they received comments from one member of the public regarding PA practice in emergency departments and urgent care settings stating the supervising physician signs off on patient charts each day. Dr. Krishna opined that in an Urgent Care/Emergency Department setting, the supervising physician should not have to review all the records of a PA everyday. The supervising physician is on premises and always available. Additionally, patients in these settings usually do not return for follow up care more than three times. Dr. Goldfarb opined that because the patients presenting to the emergency department are sicker, it is more important for supervising physicians to review a handful of patient records with their PAs daily. Dr. Petelin noted that although supervising physicians in these settings do not necessarily see all the patients they do sign off on patient charts. The Subcommittee asked Richard Bittner, legal counsel for the ASAPA and AZCEP, who was present for the meeting telephonically, if this was typical practice in Emergency Department/Urgent Care settings. Mr. Bitner stated that it was his belief that PA and supervising physician practice varied in different settings.

Christine Cassetta, Board Legal Counsel said Board Staff had been given examples of supervision in various Emergency Department/Urgent Care settings and have been told there is a lot of physician supervision in the emergency department. However, Ms. Cassetta said the supervision in the emergency department settings may not necessarily be by supervisors designated by the Board, but rather one main supervisor with several agents acting in supervisory roles. Ms. Cassetta advised the Subcommittee that they could recommend that agents be able to play a greater role in the emergency room setting so a supervising physician would not be responsible to meet with multiple PAs daily. The Subcommittee was in agreement to make a recommendation to the Arizona Regulatory Board of Physician Assistants PA Supervision Subcommittee (ARBoPA Subcommittee) that the statute be further defined to be more workable in an Emergency Department/Urgent Care setting. Dr. Goldfarb made a recommendation to the ARBoPA Subcommittee that they allow a PA's medical records to be signed by either the supervising agent or supervising physician so that either practitioner can make additional recommendations for treatment on the day the patient is seen. Dr. Goldfarb further opined that the PA should still meet on a weekly basis with the supervising physician. Dr. Goldfarb also noted that if supervising physicians and supervising agents are facing their PAs daily and signing off on the medical records then they are meeting more than the minimum statutory requirement. Dr. Krishna agreed with this position because a late review by the supervising physician after patients are long gone from the facility could result in having to call patients back in. All Subcommittee Members were in agreement with the recommendation as worded by Dr. Goldfarb to be made to the ARBoPA Subcommittee.

Physician Office Setting:
Dr. Goldfarb stated that currently PAs must meet with their supervising physician once a week to discuss patient management. He asked the Subcommittee if there should be a requirement for the supervising physician to review a certain percentage of records or if weekly meetings as they are currently defined is enough. Dr. Petelin stated that he felt the weekly meetings should consist of reviews of all new patients, all patients seen for three times for a particular illness, and any cases identified by the PA as difficult. Dr. Krishna did not feel a review of all new patients was needed, but suggested that the supervising physician review 10% of the PA's charts on a weekly basis. Dr. Goldfarb suggested the guidelines should stress that 10% of the records was a minimum requirement and they should review a greater number medical records based on the situation. Dr. Goldfarb said the number of charts reviewed should be left to the discretion of the supervising physician because he is ultimately responsible for the PA.

Becky Jordan asked the Subcommittee for clarification on how often a supervising physician should see a patient in a physician's office setting. Dr. Krishna said the intent is for the supervising physician to see a patient on the fourth visit with the PA. Becky Jordan asked if the same intent should imply to patients who simply present repeatedly for dressing changes following surgery. Dr. Petelin opined that the same should apply even if only for a dressing change as it only takes a second to look at a wound and it would not be an onerous requirement for a supervising physician to follow. Dr. Goldfarb agreed and stated it is not burdensome for a physician to quickly look at a wound to see how the healing has progressed and to make recommendations for continued treatment and management.

Dr. Krishna asked that once the Subcommittee's final recommendations were in place the Board let physicians know what is required of them in the newsletter.

The meeting was adjourned at 12:45 p.m.

Timothy C. Miller, J.D., Executive Director